

INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE

Sold in New Jersey

By

AMERICAN PROGRESSIVE LIFE AND HEALTH INSURANCE COMPANY OF NEW YORK

Telephone: 1-800-645-4116

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS				
PLAN	MONTHLY PREMIUM AT AGE 65 (INCREASES WITH AGE)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$876 DEDUCT. (2004)	\$219 COPAY FOR DAYS 61-90 (2004)	\$438 COPAY FOR DAYS 91-150 (2004)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$109.50 COPAY FOR DAYS 21-100 (2004)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$100 ANNUAL DEDUCT. (2004)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	Rx DRUGS	PREVENTIVE MEDICAL CARE
A	FNS 77.86	Yes**	3 mos.		Yes	Yes	Yes					Yes		Yes				
	FS 89.59																	
	MNS 85.60																	
	MS 98.43																	
B	FNS 107.87	Yes**	3 mos.	Yes	Yes	Yes	Yes					Yes		Yes				
	FS 124.10																	
	MNS 118.66																	
	MS 136.43																	
C	FNS 129.88	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
	FS 149.35																	
	MNS 142.89																	
	MS 164.31																	
D	FNS 112.46	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes	Yes		
	FS 129.20																	
	MNS 123.58																	
	MS 142.21																	
E	FNS 113.56	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes			Yes
	FS 130.56																	
	MNS 124.78																	
	MS 143.57																	
F	FNS 133.96	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes ^{100%}	Yes	Yes			
	FS 154.02																	
	MNS 147.31																	
	MS 169.41																	
*F (with a \$1690 deductible)	FNS 53.55	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes ^{100%}	Yes	Yes			
	FS 61.63																	
	MNS 58.91																	
	MS 67.83																	

FNS = Female Non-smoker FS = Female Smoker MNS = Male Non-smoker MS = Male Smoker

Non-smoker rates apply to application submitted during the 6-month open enrollment period.

NOTE: ABOVE PREMIUMS DO NOT INCLUDE A ONE-TIME \$25 POLICY FEE.

* POLICYHOLDERS ARE RESPONSIBLE FOR PAYMENT OF EXPENSES UP TO THE DEDUCTIBLE. THE POLICY WILL PAY COVERED EXPENSES ONCE THE DEDUCTIBLE IS MET. A SEPARATE DEDUCTIBLE APPLIES TO THE FOREIGN TRAVEL EMERGENCY BENEFIT.

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN-ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)

*** PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY (See Guide to Health Insurance for People with Medicare)

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SR.
SERVICES
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